

**Franklin County Board of Developmental Disabilities (FCBDD)**  
**2017 3.5 Mill Renewal Levy Proposal**  
**HSLRC Meeting Minutes**  
**April 06, 2017**

The Human Services Levy Review Committee (HSLRC) meeting was called to order by Jesse Hemphill on April 06, 2017 @ 3:11 pm.

**ROLL CALL**

HSLRC members present: Jesse Hemphill, Nathan Wymer, Denise Bronson, Zak Talarek, and Jerry Friedman.

HSLRC members absent: Jim Bowman and Jean Carter Ryan.

Office of Management and Budget (OMB): Heidi Hallas and Garrett Crane.

Franklin County Board of Developmental Disabilities (FCBDD): Jed W. Morison, Superintendent/CEO and Dot Yeager, Chief Business Officer.

**REVIEW AND APPROVAL OF METTING MINUTES**

Mr. Hemphill: The next item on the agenda is the approval of the prior meeting board minutes of March 23, 2017. Did everyone have a chance to look at those minutes as part of the email Heidi sent? Are there any revisions or comments? Dr. Bronson made a motion to approve the minutes and Mr. Friedman seconded the motion. All members voted “Aye” and Mr. Hemphill said the motion carried.

**Q&A with FCBDD STAFF**

- How much is the FCBDD Transportation budget for 2017?

Mr. Morison: Good questions as always. I will be happy to walk through these and if you have any specific questions beyond this let us know. I think one of the first questions, what is our transportation budget? It's about twenty four million. I would say ninety eight - ninety nine percent of the people we serve are not capable of driving and we find that to be a very important service. We probably have the third largest fleet in the Franklin County with our own transportation behind COTA and Columbus Schools. In fact you are very close to it; we have an eleven bay garage next door. We provide door to door service and what's unique about our transportation is just about every route we have somebody on it that needs a wheelchair lift. We do a lot of contract transportation. We have nine (9) different companies that we contract with in addition to us providing it directly. Contracts for people helping them get to work at odd hours. We've organized some of that where two (2) to three (3) people might be in a particular cab route, there might be some cases where there has to be one on one. It's a big part of our operation and so it's about twenty four million for transportation.

Mr. Hemphill: Is any of that twenty four million equipment itself?

Mr. Morison: Yes, some of it is. These buses are very expensive, ninety to hundred thousand dollars in some cases a little bit more when you add the lifts and safety features of the buses. That is one of the biggest expenses. We do have a service department working out of this garage and a part that is a parts department. Contracts vendors that we work with, they provide their own equipment of course. We don't provide it for them, but of our own it's a significant expense.

- The next question is related to the Individual Options and Level 1 Waivers.

They both are what are called Home and Community Based Waivers, they are Medicaid Waivers meaning that the Federal Government pays about sixty percent of the cost and the local government in our case, the majority of them is from the FCBDD. In some cases the State department provides some of the funding for the local match, but most of the local match we provide, which is about forty percent. The difference is the Level 1 waiver is a very low level waiver that is actually capped at about five thousand dollars and it allows for some services for an individual who may not need a whole lot of services. It also allows for adaptive equipment. For example, a person might need support with their ramp getting into their home or other types of support. The other thing that's really nice about this waiver is how we use this waiver to refinance services. In many cases to save our own tax payers, it allows for Adult Services support, people in the workshops, people that are employed in the community that have a Level 1 waiver. The funding for those services is partially reimbursed by the Federal government. To give you some numbers, if a person has a Level 1 waiver and it's a five thousand dollar cap that means we would contribute about forty percent. We give someone a waiver we would be paying about forty percent of that five thousand dollars, so about two thousand dollars. But that person might be in a workshop and that workshop might be costing ten thousand dollars a year, now we can use that waiver to help fund that workshop so we are getting six thousand back from the Federal Government for the ten thousand that it cost to serve that person in a workshop as opposed to us paying the full ten thousand. So it's a very good return. Also what happens when a person has a Level 1 waiver, they have a Medicaid Card. It's essentially health insurance for those individuals. We don't give it just for that card, in fact you really can't, but if they have a need and the waiver they can have one. The Level 1 waiver is capped. The difference basically on the IO waiver is it's not capped. It is a waiver that is funded based on person acuity. There's an acuity instrument that's done for an individual to determine what their needs might be, how serious their needs are, and how much support they need. Then the state assigns a funding range, it might be from twenty to thirty thousand dollars or thirty to forty thousand dollars and their services must be within that funding range. That's the biggest difference in those two waivers. We have about fifty five hundred people that have the waivers, I'm not sure of the exact mix in terms of how many Level 1 without looking at it. I think we had that in the report somewhere.

Ms. Yeager: I think there's about three thousand on IO right now.

Mr. Morison: So we've really taken advantage of the Level 1 waiver for refinancing purposes for all of our adults. It's been very good. From a public policy standpoint it's been very strong in terms of our own finance here in Franklin County.

- How many of those Level 1 and Individual Options Waivers are on the wait list are currently being served?

We did a quick look at this and this number could change at any moment, it's about seventy four hundred of those people are being served. So the majority of them are being served. It is possible for people to get on a waiting list if they're from another county. They may want to move to Columbus or they just want to get on the waiting list. Sometimes you might have people that get on the waiting list, it might a student in a school and they really don't want our other services, but they find out down the road they might want residential support so they've decided to ask to be on the waiting list. We can't refuse putting people on the waiting list. I will say in the next year there's going to whole change to the waiting list rule, which is really out of whack right now with inflated numbers. People that are on the list that really don't need the service today, they want it twenty years from now but they're just being smart by saying I'll get my name on the list if there is a list. What I think is going to happen is the State's moving to towards changing the rule where the waiting list will just be looking at people needing the service in the next year instead of indefinitely. All of those numbers are included in the number of people that we serve in total, the twenty thousand.

- Would there be an opportunity for coordination between the Franklin County Office on Aging and Creative Housing's Creative Renovation Services for the provision of home modifications?

Absolutely, in fact we had a meeting over at Creative Housing last week. Creative Housing is the organization that we started in 1991 to provide housing for individuals who have developmental disabilities.

They've done a lot of neat things and a lot of that is through the expansion they created called Creative Renovations where they go into a house and they put ramps in or they'll make the bathrooms accessible so that people can age in place. Just this past month you may have seen some stories in weekly paper, there was a feature on Creative Housing talking their services, but also educating elderly people that might need ramps someday. You might want to have grab bars in your bathroom and some of the things that they have done have been very creative. So they have worked and coordinated with Franklin County Office on Aging and the Central Ohio Area Agency on Aging. I think they use Passport for some of their funding which is another Medicaid waiver and they also have done it on a pay per service bases. We are not essentially paying for services for folks that might exclusively be looking at that, that are not eligible for our system, however Creative Housing has been supporting that and they are very willing to sit down and do more as well. We have a very good relationship with Office on Aging as well.

- Does FCBDD have plans to partner with the Franklin County Office on Aging for older adult services?

We do not have a formal inter-agency type of agreement. We are certainly willing and do collaborate a lot primarily through our service coordinators. Our service coordinators have worked with Adult Protective Services when there's a situation of abuse or neglect and we have a relationship with the Probate Court so sometimes we'll work together in cases like that. Passport as I said earlier with the Central Ohio Area Agency on Aging and Adult Protective Services, Meals on Wheels, PASRR assessments. In fact we were off on their acronyms, its PASRR, not PASSR. It's a pre-admission screening resident review helping to screen people for nursing homes and assisted living, so we have done and supported that. So we do work with them. We don't have financial inter-agency agreement.

- The following statement is on page 33 of the levy proposal: "At present spending levels, approximately \$60 million in Medicaid match draws down approximately \$140 million in federal funds which supports services to individuals." However, it was stated during the levy presentation that \$60 million in local match and \$20 million in state match brings in about \$120 million of Medicaid services to families in Franklin County. Can you please explain the difference between the two statements?

I might not have been very clear that last time. In the actual document we talk about our contribution of \$60 million dollars to Medicaid match which basically results in \$200 million in services for Franklin County residents. The way that's broken down is that we still get about \$20 million from the State Department of Developmental Disabilities. So we can about \$20 million from them which helps to match some of those waivers. We contribute about \$60 million plus \$20 million from the state brings in \$120 million from the federal government, again using a 60/40 match. The match is slightly better than that right now for us; it's like 39/61 maybe. That's how we get to that number. We contribute about \$60 million, our residents in Franklin County in up getting close to \$200 million dollars of Medicaid services. The reason that is confusing is that \$20 million of that is contributed through the state.

- Does FCBDD receive Medicaid Administration Reimbursement based on the internal expenses at FCBDD?

We get two (2) things; one is called Medicaid Administrating Claiming (MAC) funds. They do random moment samplings to determine exactly when our administrative folks are dealing with Medicaid and then they average that and figure out reimbursement. We get about \$1.4 million from that. Then Targeted Case Management is primary through our service coordinators who are often referred to as Case Managers, and basically what they do is they document their time when they are working on Medicaid related matters with clients they've served. That's more directly related and we get about \$4 million through that. We can take that money and reuse it to pay match for other things.

- FCBDD does a good job at maximizing federal reimbursement from Medicaid match. Would they be willing to train other agencies on this process?

We are certainly willing to talk to others. I would point out that we've been fortunate. We've really lobbied hard back in the late 90's and the early 2000 to allow us to refinance some of these services like I was describing with Level 1. Some agencies may not have the laws or the waivers from the Centers for Medicare and Medicaid Services to allow for that. It might strictly be that the state matches and you don't have that flexibility, but we have identified that this is a great way to stretch local dollars and so we've done quite a bit of that. We are happy to talk to anybody else about that. But I would caution members of the committee in to thinking they can do the same thing because there are laws and rules related to the Centers for Medicare and Medicaid might be different and the types of waivers that they have might be different. I hope that helps to clarify the questions that you have.

Mr. Hemphill: You've done a very thorough job, are there any additional information the committee might have? Committee operation or the programmatic recommendations, is that an item for the committee?

Ms. Hallas: Yes, I asked if we can keep the room until 5:00 pm, so that is scheduled and we can use the time to deliberate. So if there's nothing for the staff, we can let them go.

Mr. Wymer: Jed, I would just say that I thank you and your staff do a great job and the community is fortunate to have your leadership. On behalf of the committee, thank you.

Mr. Morison: Thanks very much. We appreciate the thoughtful approach that you take to this whole effort and your willingness to hang in there. It's nice to be able to talk to people that we've talked to before and it's not a re-education process. Thanks very much.

#### **HSLRC LEVY DISCUSSION AND RECOMMENDATION**

Mr. Wymer made a motion to accept the agency's request and Dr. Bronson seconded the motion. All members voted "Aye" and Mr. Hemphill said the motion carried.

Ms. Hallas: So at this point I'm not sure if that vote is for the request. So are we approving the request of the renewal as proposed?

Mr. Wymer and Dr. Bronson: Yes.

Mr. Hemphill: Ok. Jerry, are you ok with that?

Mr. Friedman: Yes.

Mr. Hemphill: Did you get your questions answered?

Mr. Friedman: Yes, Heidi and I had a little offline back and forth as well and I'm good.

Mr. Hemphill: Ok.

Mr. Wymer: I don't want to speak for Jean, but I know we had a couple of conversations and I think she's comfortable with this too.

Mr. Hemphill: So let's go back and formalize the motion. Would you mind re-saying it?

Mr. Wymer: Motion to accept the recommendation to go to the Commissioners with the renewal levy.

Dr. Bronson seconded the motion.

All members voted "Aye" and Mr. Hemphill said the motion carried.

## **COMMITTEE'S OPERATIONAL AND PROGRAMMATIC RECOMMENDATIONS**

Ms. Hallas: Ok, so we've approved the renewal as proposed by FCBDD. So that really moves our time line up. I had mentioned that last time we met that we may want to start thinking about the recommendations because now we have the vote on how much and we're going to move on what they asked. I'll put the report together but the real meat of it for you guys would be the recommendations. If you have thoughts we can talk about that. I also went through the report; they did a really nice job talking about their targets for next cycle and what they're looking for. In my mind a lot of it already aligns with what they're shooting for, but if you have some that you thought of we can start with those.

Mr. Hemphill: Some additional ones?

Ms. Hallas: I just put some together in case we hadn't come up with any, but if you guys have some go ahead and throw them out there and we'll start collecting them.

Mr. Hemphill: I would like to go through the prior report and echo some of the recommendations. That's my reaction to it. I don't know if you guys had a chance to it. I think the report is out there in the link that you provided us with.

Dr. Bronson: I think they address each of those in the report they gave to us which was really thorough and they clearly had thought about everything we recommended the last time around and addressed it.

Mr. Hemphill: I do recall that too.

Ms. Hallas: I think its page 32 it lists all seven and what they did to achieve that. Were there any others that folks had at this point? I can tell you what I kind of brainstorm based on going over the proposal and knowing what they have on their horizon. Looking at the chart, this one really is a continuation of the policy to identify school integration opportunities, that's definitely how the field is going. But within their own report they said they want to continue look at opportunities for pre-school children and also in the regular classrooms and even some outside of school positive peer relationships, like afterschool activities. So making sure the kids are integrated, which is cost effective but also really great for the kids.

Dr. Bronson: And that's part of the new philosophy in the field is to not separate people from the regular world and keep people integrated.

Ms. Hallas: Another one which they already are doing, I know they have to, is the Kasich administration pushing employment first. Again, getting folks out of the workshops and being segregated as adults and making sure that they get opportunities for employment and rehabilitation that aren't necessarily just among their peers. More community based experiences, not only for children but also for adults. I know that they are actively working towards that as well. Just sitting in their meetings there have been some concerns on the quality of employment opportunities or it's pretty limited as far as finding employers. That's been a big issue for them. They're willing to give their clients maybe eight (8) hours a week. When this first started, they really trained folks, you're going to work fulltime and there's all this excitement, but then there wasn't a lot of private sector opportunities. So I know that have been trying to grow that as well.

Dr. Bronson: It's a mandate; they had to do it now as part of the state and federal funding.

Ms. Hallas: Another one, this is almost generational. Children and then adults, and there was the discussion around seniors and the increasing life span for their folks. The medical advances where people weren't living past sixty. He had told me they just had their oldest client at ninety five; a group's coming right along with that. That's a whole new level of services and a lot of folks have lost their parents as they age and those traditionally were the support services. Now they're out living their parents and then also getting their siblings involved as a support network, so that's a whole different model for them as well. So continuing to look at and figuring out the best way to do that. It may be more collaboration with the entities they talked about, just because now they're going to have some of the same populations.

Mr. Friedman: Heidi, and that's really I think where I was trying to go with the question that we put to them. When we talk about the family and children first council, you know as a forum or venue for collaboration. Should there be a sub-committee or a sub-set of that, something at the county level that really encourages that coordination between the agencies? Obviously Children Services is not a player at that level, but Office on Aging and ADAMH may well be.

Ms. Hallas: I do know cross systems, there's a lot with senior addiction. Post surgically, orthopedic surgeons prescribe the most and older adults are getting addicted.

Mr. Friedman: I think the advantage here is because of their facility with regard to Medicaid matching dollars, it could make those aging dollars go a lot quicker if they're being used for ineligible senior and they might be able to help aging look at how to leverage their local funds to achieve that.

Ms. Hallas: As you said that, I'm wondering, the older generation was more reluctant to accept developmental disable services, it was a family matter or issue. I'm wondering how many seniors now could have qualified or still do. Because if the disability happened before twenty-one they could come in at seventy and qualify for the waivers but weren't assessed as children so there maybe some identification with that as part of their assessments.

Mr. Friedman: There was a look back program they did a couple of years ago. I was involved with a rollout of that and they were very engaged around exactly that issue as parents begin to worry about their kids out living them, there was a look back to see whether or not if they weren't already qualified. Not only enable them to become eligible for Medicaid but also for some other survivors benefits through SSDI.

Ms. Hallas: Who did that? Was it through hospitals?

Mr. Friedman: We did it through the Government Resource Center at Ohio State. One of the fellows that we had working there at the time was very interested in this sub-set of folks and did a lot of work both at the state level as well as the county level.

Ms. Hallas: Interesting. Another one I thought of was the increase technology utilization. They've been purchasing more of the touch screen televisions, checking in on folks over the screens so they don't need a face to face interaction, and they've acknowledged in their report that they're going to have to embrace more of that technology as cost savings. There's more coming out for folks for different learning levels. You see them in their different school buildings, these giant TV's that they'll wheel folks in front of and part of their education and training that they can actively engage in that wasn't available before. Then the second sub-set of that is their internal technology and recognizing they need to mechanize some more of their assessments and looking at opportunities there as well. They have a really good IT team and I know they are looking to develop some more in-house software.

The last one which links with one of these is from last time is exploring those opportunities to leverage non-levy dollars. This last six (6) years has been amazing. That's how they've gotten so much of a cash balance and they've done a really great job. Just continue to do that, if there are other opportunities, partnering with their other levy agencies. That example they gave of that new home for those four (4) boys that are moving in that are really hard to serve. These folks had to go out of state. I mean that really was the three (3) systems coming together and getting the state to even kick in to say we need to have more of these services close to home. That was a great way to leverage all the systems. The state acknowledged they were partnering and provided money to help rehab the facility. I had those five just based on what we've talked about and what they've talked about. Does that make sense to you? Are there too many?

Dr. Bronson: I'm impressed.

Ms. Hallas: I sit with them every month and listen to what's going on, but they did a really good job at addressing it as well. They went by each of their different business operations and what they're looking for.

While their report was divided, a lot of them were crossing opportunities. What I can do is go ahead and start the report and start building on these. If you think of others, Jesse if you go back and look old report and have something else, we can consolidate those.

### **NEXT STEPS-OMB**

Ms. Hallas: While the timeline is back in front of you, I don't think we are going to need all these meetings based on how quickly we've moved. We kind of added one or two in the last couple just because it took so long with the back and forth. I looked at my calendar and because I'll be doing a lot of this writing now and we're implementing this new budget system for the county at the same time, I was trying to figure out what would work best for my timeline as well to get you what you need so we can finish up. My thought is we can cancel the meeting on April 20, 2017 and then hold the meeting on May 4, 2017. I will have the initial draft to you by April 28, 2017 so that will give me the rest of this month to put together your initial draft. We will use that next meeting to review that and then tighten up anything or add recommendations that you have.

I have two options for the next meeting. It's up to you. Because it goes to later June, we can move up the date. If we cancel the May 25, 2017 meeting, it will give me a little more time from our meeting to finalize the report and then we can come together again on, either June 1, 2017 or keep the June 15, 2017.

Mr. Hemphill: I want to make sure I'm in sync here. We will cancel the meeting of April 20, 2017 and then that would put in line the meeting of May 4, 2017.

Ms. Hallas: Correct.

Mr. Hemphill: On May 4, 2017, we'll do the draft report and you have that to us by the April 28, 2017.

Ms. Hallas: Yes. So the next one I would cancel is May 25, 2017, that's Memorial Day weekend and then have the final meeting either on June 15, 2017 for the final report and vote or we could move it up to June 1, 2017.

Dr. Bronson: I'm ok with June 1, 2017.

Mr. Hemphill: I am too.

Mr. Wymer: Second.

Ms. Hallas: So I will revise this timeline to get it out to you and then send out the meeting invites to make sure they match. What I'm doing is cancelling May 25, 2017; I will have the final draft to you on May 26, 2017 so we can meet on June 1, 2017 and do the final vote and be done. That won't impact the meeting dates in July to get the resolutions with the Board of Commissioners. This will be the first time Commissioner Boyce will be going through it and so that will give us time to meet with him as well and brief him.

Ms. Hemphill: So the meeting on June 8, 2017 is that going to be changed to June 1, 2017.

Ms. Hallas: We are going to meet on June 1, 2017; there won't be any meeting on June 15, 2017.

Ms. Hemphill: Nothing on May 25, 2017?

Ms. Hallas: Nothing on May 25, 2017.

Mr. Talarek: The final levy report would change to May 26, 2017.

Ms. Hallas: Yes. May 26, 2017, I'll send that out, we'll meet on June 1, 2017 to finalize it.

Mr. Hemphill: Well thank you Nathan for being so aggressive. (laughter) I'm fine with it. I like it.

Dr. Bronson: Efficient.

Mr. Wymer: I was going to say efficient would be more appropriate. (laughter) I thank our leadership, Jed and his staff.

Dr. Bronson: They certainly gave us good stuff to work with. You have prepared them so well. I think over the last few years, people are coming into this process so much better informed about what they need to do on their end.

Mr. Hemphill: Heidi, are you going to inform the other two members about these changes?

Ms. Hallas: Yes, what I'll do is revise this and send it to everybody. I'll send out outlook meetings so you can put it on your calendar for those finalized meetings.

### **CLOSING REMARKS**

**The HSLRC will meet on Thursday, May 4, 2017 for discussion related to the levy report.**

Dr. Bronson made a motion to close the HSLRC meeting and Mr. Wymer seconded.

The meeting was adjourned at 3:49 pm.